

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* * *					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3											
TOTAL DEP.	27											
TOTAL CLAIMS	30											
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS